Revision:

HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.2-A Page 1 OMB NO.: 0938-

•	STATE FLAN UNDER	× 111111	, Als	OF THE SOCIAL SECURITY ACT
•	State:	Kai	1888	
GRO	UPS COVERED AND AGEN	CIES RI	espon	ISIBLE FOR ELIGIBILITY DETERMINATION
Agency*	Citation(s)			Groups Covered
The foll	owing groups are cov	ered u	nder	this plan.
	3			ry Coverage - Categorically Needy and equired Special Groups
IV-A	42 CFR 435.110	1.	Rec	ipients of AFDC
	;		The	approved State AFDC plan includes:
			<u>/X/</u>	Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.
			<u>/X/</u>	Pregnant women with no other eligible children.
			<u>/X/</u>	AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
				standards for AFDC payments are listed Supplement 1 of ATTACHMENT 2.6-A.
IV-A	42 CFR 435.115	2.	Deer	med Recipients of AFDC
			_	Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

Agency that determines eligibility for coverage.

TN No. MS-91-41 Supersedes TN No. MS-88-43

Approval Date JAN 2 7 1992

Effective Date OCT 0 1 1991

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ATTACHMENT 2.2-A Page 2 OMB NO.: 0938-

	State: Kansas							
Agency*	Citation(s)		Groups Covered					
	λ.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)						
		2. Dee	emed Recipients of AFDC.					
IV-A	1902(a)(10)(A)(i)(I) of the Act	b.	Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.					
IV-A	402(a)(22)(A) of the Act	c.	Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.					
IV-A	406(h) and 1902(a)(10)(A) (i)(I) of the Act	d.	An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.					
IV-A	1902(a) of . the Act	e.	Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.					

*Agency that determines eligibility for coverage.

TN No. MS-91-41 Supersedes Approval TN No. MS-90-19	Date	1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Effective Date	007 A # 100
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Revision: HCFA-PM-91-4

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ATTACHMENT 2.2-A Page 2a

		OMB	NO.:	0938-
State:	Kansas	-		

Agency* Citation(s)

Groups Covered

A. <u>Mandatory Coverage - Categorically Needy and</u> Other Required Special Groups (Continued)

IV-A 407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act 3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

/// * Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

- IV-A 1902(a)(52) and 1925 of the Act
- 4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Per T/C--Bonnie Bailey-Howard W/Dennis Priest on 12/04/91

*Agency that determines eligibility for coverage.

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Supersedes Approval Date JAN 21 1997 Effective Date OCT 0 1 1997
TN No. MS-90-19

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ATTACHMENT 2.2-A Page 3 OMB NO.: 0938-

State	•	.	
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Agency* Citation(s)

Groups Covered

A. <u>Mandatory Coverage - Categorically Needy and</u>
<u>Other Required Special Groups</u> (Continued)

IV-A 42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. MS-91-41 Supersedes	Approval	Date	JAN 2 1 TOT	Effective Date	COL VIV.
TN No. MS-87-33	_				

HCFA ID: 7983E

evision:	HCFA-PM-91- 1991	- (BPD)	ATTACHMENT 2.2-A Page 3a OMB NO.: 0938-
	State:	Kansas	
gency*	Citation(s)		Groups Covered
• ,	A.	Mandatory Cor Required Spec	verage - Categorically Needy and Other cial Groups (Continued)
42 CF	R 435.114	the increa	is who would be eligible for AFDC except for ase in OASDI benefits under Pub. L. 92-336 1972), who were entitled to OASDI in August who were receiving cash assistance in 72.
		for Aug	ludes persons who would have been eligible cash assistance but had not applied in est 1972 (this group was included in this te's August 1972 plan).
		for med fac	ludes persons who would have been eligible cash assistance in August 1972 if not in a local institution or intermediate care lility (this group was included in this ce's August 1972 plan).
		care	applicable with respect to intermediate facilities; State did or does not cover service.
902(a)(1 A)(i)(II		7. Qualified	Pregnant Women and Children.
nd 1905 (i		a. A preg	nant woman whose pregnancy has been lly verified who
<u>;</u>		` '	Would be eligible for an AFDC cash payment if the child had been born and was living with her;
Agency th	hat determin	es eligibilit	y for coverage.
N No. MS		proval Date _	MAY 2 2 1992 Effective Date

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	Kansas						
		COVERAGE AND	CONDITIONS	OF E	LIG	IBILITY		
Citation(s)				Grou	ps	Covered		

- Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act

- b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
 - X Children born after September 30, 1979 (specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:			KANSAS			
		COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY	
Citation(s)	•				Gro	oups Covered	

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

1902(a)(10)(A)

1902(1)(1)(C) of the Act

1902(a)(10)(A)(i)

(VII) and 1902(1)

(1)(D) of the Act

(i)(VI)

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
 - The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No. MS-92-09
Supersedes Approval Date 1132 Effective Date 1-1-92
TN No. MS-91-41

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	KANSAS		
	COVERAGE AND	CONDITIONS OF ELIGIBILITY	
Citation(s)		Groups Covered	
		datory Coverage - Categoric	and Other

- 1902(a)(10)
 ** (A)(i)(V) and
 1905(m) of the
 Act
- 10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5) of the Act 11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6) of the Act b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

^{**} Provision not applicable to State.

1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: KANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

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- 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance
 - X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged
X Blind
Y Disabled

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 6a OMB NO.: 0938-State:_ Kansas Citation(s) Agency* Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 435.121 14. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more 1619(b)(1) of the Act restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below: (Financial criteria are described in ATTACHMENT 2.6-A). **Provision not applicable to State *Agency that determines eligibility for coverage.

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Approval Date ___

TN No. MS-91-41

Supersedes TN No. MS-87-18

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Effective Date

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